

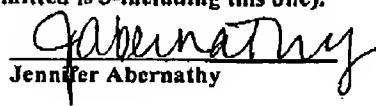
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JAN 23 2006

## Certificate of Facsimile Transmission

I hereby certify that the attached RCE Transmittal with accompanying amendment is being transmitted by facsimile to Examiner Lina Yang at the Patent and Trademark Office (Phone No. (571) 273-8300) on the date shown below. (Total pages transmitted is 3-including this one).

Date: January 23, 2006

  
Jennifer AbernathyPATENT APPLICATION  
Attorney's Do. No.8371-143

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor:	Srinivas Kandala	Confirmation No.	8998
Serial No.	09/995,296	Examiner:	Lina Yang
Filed:	November 27, 2001	Group Art Unit:	2665
For:	DEVICES, SOFTWARES AND METHODS FOR ADVANCING SCHEDULING OF NEXT CONTENTION SESSION UPON PREMATURE TERMINATION OF CONTENTION FREE EXCHANGE		

## REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

MAIL STOP RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

## 1. Submission required under 37 C.F.R. § 1.114

a. ☒ Previously submitted:☐ Consider the amendment(s) reply under 37 C.F.R. §1.116 previously filed  
on \_\_\_\_\_.☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed  
on \_\_\_\_\_.☒ Other: as an Amendment after Final on January 23, 2006b. ☐ Enclosed is:☐ Amendment/Reply

01/24/2006 TL0111 00000032 09995296

☐ Affidavit(s)/Declaration(s)

01 FC:1801

790.00 0P

☐ Information Disclosure Statement (IDS)☐ Other

## 2. Miscellaneous

☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; fee under 37 C.F.R. § 1.17(i) required).☐ Other:

## 3. Fees: (Note: The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed)

☒ RCE fee required under 37 C.F.R. § 1.17(e)☐ \$395 small entity☒ \$790 large entity


CLAIMS AS AMENDED					
For:	Number After Amendment	Previous Number	Extra	Rate	Additional Fee
Total Claims	36	-36*		0 x \$50 =	\$0.00
Independent Claims	8	-8**		0 x \$200 =	\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

☒ PTO Form 2038 authorizing credit card payment is attached.☒ Any deficiency or overpayment should be charged or credited to deposit account number 13-1703. A duplicate copy of this sheet is enclosed.

Customer No. 20575

Respectfully submitted,

MARGER JOHNSON &amp; McCOLLOM, P.C.

  
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